

**MULTIPLE DEPENDENT CLAIMS  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)**

SERIAL NO.

APPLICATION NO.

FILING DATE

CLAIMS					
AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1				
2	1				
3	1				
4	1				
5	1				
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47	1				
48	1				
49	1				
50	1				
TOTAL NO.	17	13			
TOTAL OFF.	23	17			
TOTAL	90	20			

  

61	1				
62	1				
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64	1				
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95	1				
96	1				
97	1				
98	1				
99	1				
100	1				
TOTAL NO.	4				
TOTAL OFF.					
TOTAL					